



ROSS MILLER
Secretary of State
204 North Carson Street, Ste 1
Carson City, Nevada 89701-4299
(775) 684 5708
Website: www.nvsos.gov

Certificate of Revival

(PURSUANT TO NRS 86.580)

Page 1

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

Certificate of Revival for a Nevada Limited-Liability Company (Pursuant to NRS 86.580) |

1. Name of limited-liability company:

2. Registered Agent for service of process: (check only one box)

☐ Commercial Registered Agent:
Name

☐ Noncommercial Registered Agent (name and address below) ☐ Office or Position with Entity (name and address below)

Name of Noncommercial Registered Agent **OR** Name of Title of Office or Other Position with Entity

NEVADA
Street Address City Zip Code

NEVADA
Mailing Address (if different from street address) City Zip Code

3. Date when revival of charter is to commence or be effective, which may be, before the date of the certificate:

(month, day, year)

4. Indicate whether or not the revival is to be perpetual, and, if not perpetual, the time for which the revival is to continue. The corporation's existence shall be:

PERPETUAL or
(Time for which the revival is to continue)



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5. Names and addresses of managers, or if there are not managers, all of the managing members must be set forth (additional pages may be attached as necessary) (indicate management; check one box only):

☐ Manager or ☐ Managing Member

Name

Address

City

State

Zip Code

☐ Manager or ☐ Managing Member

Name

Address

City

State

Zip Code

☐ Manager or ☐ Managing Member

Name

Address

City

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Zip Code

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Name

Address

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6. The undersigned declare that the limited-liability company desires to revive its charter and is, or has been, organized and carrying on the business authorized by its existing or original charter and amendments thereto, and desires to continue through revival its existence pursuant to and subject to the provisions of Chapter 86.

7. The undersigned declares that he has been designated or appointed by the members to sign this certificate. Furthermore, the execution and filing of this certificate has been approved and secured by the written consent of a majority of the members.

X

Signature

Date

A REGISTERED AGENT ACCEPTANCE *MUST* ACCOMPANY THIS CERTIFICATE

IMPORTANT: Failure to include any of the above information and submit with the proper fees may cause this filing to be rejected.